

# GENERAL FILING INSTRUCTIONS FOR HEALTHCARE RATES AND FORMS

## WHO MUST FILE.

1. Health Care Service Contractors (HCSC)
2. Limited Health Care Service Contractors (LHCSC)
3. Health Maintenance Organizations (HMO)

**Exception: Medicare Supplement contracts should be filed at the OIC with the Life & Disability Section of Rates & Contracts. Please call 360-753-8683 to receive filing instructions**

## WHAT YOU MUST FILE.

### 1. STANDARD MASTER CONTRACTS

#### ARE:

- a. Contracts that **must** contain an application, rates, certificate of coverage and **may** contain endorsements that offer additional benefit options.
- b. Contracts for “off the shelf” products. This means all products that contain a standard set of benefits sold to a group or individual for a rate that is not subject to negotiation.
- c. File-and-use, which means contracts can be offered, and rates quoted, once the master is filed.
- d. Contracts that may be sold to groups without being modified. You do not need to file any group contract when the specific contract is unmodified from a filed standard master contract form and the rate is based on your filed rate manual.

#### MUST:

- a. Be filed before you can offer them, including filing any modifications you make (RCW 48.44.040, RCW 48.46.060). Underlining and strikeouts, or highlighted changes on the contract form must identify modifications.
- b. Be re-filed no later than 18 months after the effective date (WAC 284-43-920). **[Note: The cover letter must state this is an 18-month filing with a summary of the major changes.]**
- c. Be accompanied by a rate filing, when it is filed for the first time or it will be returned.

#### FILINGS MUST INCLUDE:

- a. A transmittal (INS-1120) and cover letter for the contract. **[Note: Submissions that do not include a cover letter and transmittal will be returned as incomplete].**
- b. Deductible amounts and co-pay levels may be listed on a separate sheet in a table with the standard master filing. It must be clearly identified as to which combination of benefits may be purchased. **Bracketed variable language is not acceptable and may be cause for disapproval of the filing in accordance with 48.44.020 and 48.46.060**
- c. Any endorsements or riders. If more than one, please list them on a separate sheet of paper attached to the transmittal. **Do not fill out a separate transmittal for each endorsement.**
- d. A transmittal and cover letter for public rate schedules, rates may be filed in conjunction with the contract or filed separately, except for first time master standard contract filings or if an endorsement is filed after a standard master contract and requires a rate filing.
- e. A transmittal and cover letter for proprietary exhibits, rates may be filed with the contract or filed separately, except for first time master standard contract filings or the first time an endorsement or rider is filed that require a rate filing.

## 2. BLANKET ENDORSEMENT

- a. Is an endorsement that applies to an existing contract. To file a blanket endorsement you must include:
  1. A cover letter that clearly states this is a blanket endorsement applying to the contracts listed on the transmittal.
  2. One transmittal with the endorsement number:
  3. A separate sheet of paper listing all applicable contracts.
  4. A rate filing is required in conjunction with the endorsement if a new or modification of the benefit affects the rates.

## 3. NEGOTIATED GROUP CONTRACTS

### ARE:

- a. Unique or deviates from the standard master contract form. If a contract has 13 or more deviations from the standard master contract form, you must file the entire contract.
- b. Contracts that may be filed by using the “short form”. If a contract has 12 or fewer deviations, you must file the contract by submitting the information requested below. The OIC has termed this method of filing the “short form” because you do not have to file the entire contract. **You may not negotiate a lesser benefit than the law requires or omit mandated benefits.**

### MUST:

- a. Be filed within thirty working days after the earlier of:
  1. The date group contract negotiations are completed or
  2. The date renewal premiums are implemented.

### FILING MUST INCLUDE:

- a. A transmittal (INS-1120) for the *contract* and a **separate** transmittal for the *Proprietary Rate* (WAC 284-43-950).
- b. A cover letter containing the standard contract number that is the master for this negotiated contract and a list showing how the negotiated filing deviates from the standard master contract.
- c. For Association group contracts, the cover letter must include the following:
  1. Purpose of the Association
  2. If the Association is not the purchaser and policyholder state who is:
    - a) Small Group Member
    - b) Individual Member
    - c) Other
  3. Attach or list eligibility rules for membership in the Association including membership fees in any.
  4. Attach or list eligibility rules for purchasing coverage through the Association
- d. The “For-Public” rate.
- e. A completed “Groups Other Than Small Groups Filing Summary” as described at WAC 284-43-950.

**Exception:** *You may request to file annually an actuarial memorandum or rate manual that includes rating methodologies you use to determine negotiated rates. If you have such a request on file, please do not include WAC 284-43-950 {including filing transmittal form} in your short form filings unless this specific negotiated rate is outside of the methodology of your yearly actuarial memorandum please file WAC 284-43-950 for this group.*

#### 4. PRIOR APPROVAL

The following documents and contract forms require prior approval and must be filed at least 15 working days prior to intended date of use.

**Benefit Comparison Brochures** – compares small group health benefit plans that do not include benefits provided in the basic health plan (RCW 48.46.066, RCW 48.44.023). Brochures may not be used until the Insurance Commissioners Office has approved them.

**Basic Health Plan Model Plan** – A health benefit plan that is a mandatory offering under RCW 48.44.023(2) and 48.46.066(a) that provides benefits identical to the basic health plan.

**Participating Provider Agreements** – contract between an HCSC or HMO and participating providers. Agreements may not be executed until they have first been filed, and until the carrier has either received a letter advising that the form has been approved for use or the agreement has been deemed approved in accordance with RCW 48.46.243(3)(b), RCW 48.44.070(2) and WAC 284-43-330.

#### 5. NETWORK REPORTS

Provider Network Form A  
Enrollee Network Form B  
Access Plans  
GeoNetwork

Please see our WEB page at [www.insurance.wa.gov](http://www.insurance.wa.gov) for instructions.

#### RETURN COPIES OF FILINGS

If you want notice that your submission has been processed you must submit a duplicate transmittal form (INS-1120) and cover letter. We will stamp and code these after we process your filing and return them to you if you have provided a self-addressed stamped or metered envelope. We do not return copies of filings.

# GENERAL FILING INFORMATION FOR HEALTHCARE RATES AND FORMS

## HOW SHOULD MY FILING LOOK WHEN RECEIVED AT OIC?

### A. OIC SUBMISSION CHECKLIST

1. A transmittal should be filed by:
  - a. Line of business *including but not limited to*:  
Individual  
Small Group  
Large Group
  - b. Contract Type *including but not limited to*:  
Standard Master Contract  
Negotiated Contract  
Endorsement/Rider
2. If the forms are the same for each line of business, you only need one set of forms
3. When submitting a filing, *submit in the following order*:
  - a. Cover Letter
  - b. Transmittal INS-1120 (R5/00)
  - c. Documents
  - d. Carrier return copy of the Transmittal, *a copy of the cover letter is optional*
  - e. Stamped or metered self-addressed envelope
4. If a Proprietary Information is the same for more than one filing, you only need one transmittal and a list of all related filings.
5. Do not submit filings in binders or with staples, please rubber band and/or use paper clips.

## WHY WAS MY FILING RETURNED?

### B. TOP REASONS A FILING IS RETURNED *{Please note this is not an all inclusive list.}*

1. No Transmittal submitted
2. No Cover Letter submitted
  - a. *NOTE*: Each filing submitted must contain a separate cover letter. You may no longer submit 1 cover letter for multiple filings.
3. The filing is missing documents
4. The transmittal is incomplete, *including*:
  - a. Boxes not checked
  - b. Procedure for "Rating Manual" filing is completed incorrectly *{example pg 22}*
  - c. Purpose of filing incomplete *{line 10}*
  - d. Product name incomplete *{column C}*
  - e. Handwritten Transmittal, *including transmittals that are partially completed or have crossed out information in either pen or pencil.*
  - f. Contract Number not provided for Endorsement filing *{example pg 17}*
5. The Cover Letter is incomplete because it does not contain a detailed description of the filing purpose.
6. List of applicable contracts not submitted when filing a Blanket Endorsement
7. Form number not printed on the lower left-hand corner of the filing.
8. Form number listed on the Cover Letter and transmittal do not match
9. More than one line of business listed on the transmittal
  - a. *{EXCEPTION: filing of the blanket endorsement.}*
10. No transmittal submitted for Proprietary Rates
11. Transmittal *{box 10}* indicates filing has deviations but no deviations listed on Cover Letter.
12. The Public Disclosure rates are not listed on the deviation filing.
13. The Cover letter for a deviation filing is missing required information.

## WHAT ARE THE ITEMS A CONTRACT ANALYST LOOKS FOR IN A FILING?

### C. OIC ANALYST CHECKLIST

1. A filing should include:
  - a. A cover letter
  - b. A transmittal INS-1120 (R5/00)
  - c. Appropriate documents
2. The description in the cover letter should include:
  - a. The number(s) of the forms being filed
  - b. The type of forms being filed (*i.e., contract, certificate of coverage, entire provider agreement*).
  - c. The purpose of the filing should be as detailed as necessary and contain a complete description;
    - i) Indicate if this is an 18-month filing as required by WAC 284-43-920
    - ii) Indicate if this is a prior approval filing such as a provider contract or a BHP comparison brochure,
    - iii) Indicate if the filing is a negotiated contract;
    - iv) List the deviations in the cover letter for a short form filing (less than 13 deviations from the standard contract)
    - v) List the deviations in the cover letter of a long form (13 or more deviations from the standard contract) **and include the entire contract.**
  - d. The effective date of the filing
    - i) Request for a return copy of the transmittal INS-1120 (r5/00) to confirm the filing review.

## DEPARTMENT TRACKING CODES

### Filing Type

CODE	STANDS FOR:	DEFINITION:
B	Brochure	Certificate of Coverage Small Group Comparison Brochure.
C	Contract	Application, rates {Proprietary and For Public}, certificate of coverage and endorsements {which have been or could be purchased with the Contract}.
E	Endorsement	Attachment/Rider to the contract to add or subtract coverage for a contract which has been Negotiated and/or filed with this office.
G	General Correspondence	Analyst correspondence regarding situations other than contract forms or items filed in compliance with a legal obligation to file.
L	Annual Loss Ratio New 1-1-2000	Support Documentation of Actual Loss Ratio for Individual Health Benefit Plan for prior calendar year. <i>{Result of SB6067}</i>
O	Other	Miscellaneous documents {including Advertising, Name Changes, etc.}.
P	Proprietary	Rating formulas, statistics, and assumptions that are not for public access.
R	Rate	For Public Rate Schedule

### Action Code

CODE	STANDS FOR:	WHEN USED:
AP	Approved	Prior Approval – Comparison Brochure {BHP} Super Small Group Provider Agreements Individual Annual Loss Ratio
AS	Active Suspense	Any Contract which is pending for a carrier response to an Analyst letter.
AK	Acknowledged	Provider List, Access Plans, Form B's, GeoAccess Reports, Film Sheet
FI	Filed	Individual Plan Rate (Increase) Filing
WI	Withdrawn	Product withdrawn from review at companies request. Only used is request made while filing is under active review.
RF	Referred	Referred to Legal Department or Management {including Peer Review}.
D	Disapproved	Filing disapproved for failing to meet compliance requirements.
FN	Filed Not Reviewed	Use & File – filed not reviewed with Manager Approval only
FR	Full Review	File & Use: Large Group Contracts Small Group Contracts Conversion Contracts Individual Contracts Negotiated Contracts
AN	Analyst	Filing is assigned to an Analyst, but has not yet been reviewed.
PR	Processed	Short Form Filing - for Technician Use ONLY

## Line of Business

CODE	STANDS FOR:	WHEN USED:
NE	Negotiated Contract	Contracts that are unique or deviate from a Standard Master Contract which have been filed with the OIC within the past 18 months.
IN	Individual Contract	Contracts for "off the shelf" products. For all products that contain a standard set of benefits <i>sold as a single policy to one individual insured</i> that is not subject to Negotiation
CV	Conversion Contract	Contract providing benefits for continuation of coverage.
SP	Provider Contract	Contracts between health care service contracts and participating providers.
BH	Benefit Comparison	Contracts that compare small group health benefit plan that do not include benefits provided in the basic health plan.
MC	Provider List	Carrier submission of Network Providers. Annual Geo Networks & Form B Reports.
LR	Large Group	Contracts for "off the shelf" products. For all products that contain a standard set of benefits sold to a group ( <b>51+</b> ) that is not subject to Negotiation.
SG	Small Group	Contracts for "off the shelf" products. For all products that contain a standard set of benefits sold to a group ( <b>1-50</b> ) that is not subject to Negotiation
AC	Access Plan	Carrier submission of Network Adequacy Plan Standards.
IO	Item Other	Miscellaneous documents.